

PSP Updates Visual Reference Guide

Section 1: Client Information



Client Information

New Submission Update To a Previous Submission

Decertification

Region*

Not Selected (Required) ▾

AHCCCS ID

Which AHCCCS health plan is the member currently enrolled in?*

Not Selected (Required) ▾

If determined SMI, the (T)RBHA this member will be assigned to is*

Not Selected (Required) ▾

* For decertification enter current (T)RBHA

If you are unsure about this information, click [Here](#) to find out more

First Name*

Middle Name

Last Name*

Date of Birth*

MM/DD/YYYY

Applicant Phone

Applicant Email

Gender*

Not Selected ▾

Preferred Pronoun*

Not Selected ▾

Preferred Language*

Not Selected ▾

Preferred Communication

Not Selected ▾

Race*

Not Selected ▾

Is the Applicant Currently Experiencing Homelessness?

Next »

Having trouble submitting packets via this portal? Please call 480-488-5385. If you are still experiencing issues, you may submit via fax at 844-611-4752 or email to EligibilityDetermination.HelpDesk@crisisnetwork.org. However, please ensure you have all the required forms listed above under 'Complete Application'.

Section 2: Evaluation Information



Evaluation Information

Date the SMI Evaluation Request Was Received

Time the SMI Evaluation Request Was Received

Date the Consent Was Signed

Time the Consent Was Signed

Where did the evaluation take place?

Waiver of 3 Day Determination

Attachments

Drag & Drop files here
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[« Previous](#)

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Section 3: Preliminary Recommendation



Preliminary Recommendation

Assessor

Assessor Credentials/Position

Date of Preliminary Recommendation

Is Applicant Functionally Impaired?

Is Applicant at Risk of Deterioration?

Non-Qualifying Diagnosis

Check Here if the Applicant Does Not Meet SMI Criteria

SMI Diagnosis 1

SMI Diagnosis 2

SMI Diagnosis 3

SMI Diagnosis 4

SMI Diagnosis 5

[« Previous](#)

[Next »](#)

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Section 4: Provider Information



Provider Information

Provider

Not Selected ⌵

Packet Submission Contact

Provider contact for packet submission questions.

Packet Submission Phone

Packet Submission Email

Separate multiple email addresses with a semicolon and a space

Clinical Contact

Clinical Contact Phone

CRN will contact this individual to clinically staff the application. i.e. - treating prescriber, BHMP, etc.

Clinical Contact Email

Separate multiple email addresses with a semicolon and a space

« Previous

Next »

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Section 5: Summary



Summary

Client Information

Demographic	Region
No	Central
CIS ID	AMCCCS ID
N/A	N/A
Current AMCCCS Plan	(I)BSHA Assigned To
Arizona Complete Health	Arizona Complete Health
First Name	Middle Name
Wayne	N/A
Last Name	Date of Birth
Campbell	03/03/1955
Applicant Phone	Applicant Email
555-555-5555	waynevandiv@auroraiz.net
Gender	Preferred Pronoun
Male	He/His
Preferred Language	Special Communication
English	None
Race	Is Applicant Homeless?
Caucasian - Not Hispanic	No

Evaluation Information

SMI Received Date	SMI Received Time
03/03/2019	10:00 PM
Consent Signed Date	Consent Signed Time
03/03/2019	11:00 PM
Evaluation Location	Waiver of 3 Day Determination
Outpatient Clinic	20 Days

Preliminary Recommendation Information

Assessor	Assessor Credentials/Position
Noah Vanderhoff	gHP
Date of Prelim. Rec.	Is Applicant Functionally Impaired?
03-01-2019	No
Is Applicant at Risk of Detention?	Non-Qualifying Diagnosis
No	N/A
Applicant Does Not Meet SMI Criteria?	SMI Diagnosis 1
Yes	Not Selected (Required)
SMI Diagnosis 2	SMI Diagnosis 3
Not Selected (Required)	Not Selected (Required)
SMI Diagnosis 4	SMI Diagnosis 5
Not Selected (Required)	Not Selected (Required)

Provider Information

Provider	Packet Submission Contact
Family Service Agency	Noah Vanderhoff
Packet Submission Phone	Packet Submission Email
555-555-5555	kristina.hansen@crisisnetwork.org
Clinical Contact	Clinical Phone
Noah Vanderhoff	555-555-5555
Clinical Email	
kristina.hansen@crisisnetwork.org	

Submit

Previous